



Delaware Department of Agriculture
Spay/Neuter Program
2320 S. DuPont Highway
Dover, DE 19901
302-698-4567 FAX: 302-697-4492

Delaware Spay/Neuter Program

INSTRUCTIONS FOR INCOME ELIGIBLE APPLICANTS

PART 1: COMPLETE AN OWNER INCOME ELIGIBILITY VERIFICATION APPLICATION

PART 2: PET REGISTRATION FORM: LIMIT OF 3 PROCEDURES PER FISCAL YEAR (JULY 1 – JUNE 30)

1. Complete a separate Pet Registration Form for each animal to be neutered or spayed.
2. Enclose a **money order or bank certified check** made out to the **State of Delaware** for \$20 co-payment for each pet registration submitted. **Personal checks will not be accepted.**

The \$20 co-payment includes the Spay/Neuter surgery plus Rabies vaccination if needed.

3. Attach a copy of your driver's license or photo ID.

4. **SEND ALL MATERIALS TO:**

DELAWARE DEPARTMENT OF AGRICULTURE
SPAY/NEUTER PROGRAM
2320 SOUTH DUPONT HIGHWAY
DOVER, DE 19901

5. If you have questions please call the Spay/Neuter Program Coordinator at 302-698-4567.

If you are eligible to participate and your pet registration is certified by the program coordinator, your Pet Registration Forms will be returned to you with a list of participating facilities. At that time you may schedule an appointment with one of the facilities. This program subsidizes the facilities' pre-surgical medical evaluation, Spay/Neuter surgery, rabies vaccination, and routine post-surgical care. You will be responsible for any additional charges incurred for pre-surgical vaccines and tests that may be required by the participating facilities, therefore please check with the facility when scheduling the surgery.



Delaware Department of Agriculture
Spay/Neuter Program
2320 S. DuPont Highway
Dover, DE 19901
302-698-4567 FAX: 302-697-4492

For State Use Only - Applicant Approval

Program Coordinator Approval _____ Date _____

Application Number _____ Expiration Date _____

OWNER INCOME ELIGIBILITY VERIFICATION for SPAY/NEUTER PROGRAM APPLICATION

PART 1 - CLIENT INFORMATION

Authorized under TITLE 3, CHAPTER 82, SUBCHAPTER II Any falsification of information shall be subject to an administrative fine of up to \$250.

APPLICANT INSTRUCTIONS:

➤ COMPLETE PART 1 OF THIS FORM.

- Check the type(s) of assistance you are currently receiving.
- Attach a copy of your driver's license or photo ID.
- Sign where indicated.

- The Spay/Neuter Coordinator will notify you of approval.
- Reapplication for eligibility approval is required every six months.
- Approval is required before surgery can be scheduled for your pet.
- To qualify for the low income Spay/Neuter Program, you must be a Delaware resident, own an animal from Delaware, and participate in at least one of the assistance programs listed on the application below.

SEND ALL MATERIALS TO:

Delaware Department of Agriculture
Spay/Neuter Program
2320 South DuPont Highway
Dover, DE 19901

*NAME OF PET OWNER (LAST, FIRST, M.I.)	TELEPHONE NUMBERS
*MAILING ADDRESS	*SOCIAL SECURITY # (last 4 digits)
*CITY, STATE, ZIP CODE	*BIRTH DATE (month/day/year)

PROGRAM UNDER WHICH PET OWNER IS CLAIMING ELIGIBILITY (please check the programs you are currently participating in) :

<input type="checkbox"/> Temporary Assistance to Needy Families (TANF) <input type="checkbox"/> Delaware Medical Assistance (Medicaid, DPAP, QMB, etc) <input type="checkbox"/> General Assistance <input type="checkbox"/> Food Stamps <input type="checkbox"/> Women, Infants and Children The above programs will be verified through the Division of Social Services.	<input type="checkbox"/> Supplemental Security Income (SSI)* <input type="checkbox"/> Social Security Disability <input type="checkbox"/> Veteran's Administration Disability Compensation with disability rating of 50% or higher Note: <u>You must provide proof of benefit letter verifying participation under the above programs.</u> If you don't have one available, Social Security can provide proof letter to you by calling 1-800-772-1213. *SSI is a specific program designed to help aged, blind, and disabled people, who have little or no income. It is not standard retirement or widow benefit.
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I AUTHORIZE RELEASE OF THE INFORMATION ABOVE FOR THE PURPOSE OF DETERMINING MY ELIGIBILITY FOR THE SPAY/NEUTER PROGRAM.

SIGNATURE OF PET OWNER: X

DATE:

PART 2 - APPROVAL OF INCOME ELIGIBILITY – STATE USE ONLY

A. Verification of participation in Income Eligible Program

Division of Social Services

☐ TANF ☐ General Assistance
☐ Delaware Medical Assistance ☐ Food Stamps

_____ Date _____

Division of Public Health

☐ Women, Infants and Children (WIC)

_____ Date _____

B. Please FAX completed Registration to SPAY/NEUTER PROGRAM COORDINATOR for final approval: 302-697-4492

Doc. Control No. 65-01-09/07/09/07 Revision 7/1/09



Pet Registration Form
Delaware Department of Agriculture
Spay/Neuter Program
2320 S. DuPont Highway
Dover, DE 19901
302-698-4567 FAX: 302-697-4492

For State Use Only - Procedure Approval

Program Coordinator Approval _____ Date _____

Registration Number _____ Expiration Date _____

INSTRUCTIONS:

FOR APPLICANTS:

- You must include the income eligibility form or have been approved for income eligibility.
- You must be approved before the surgery.
- Pay \$20 co-payment which covers surgery & rabies vaccination if needed (Co-payment must be made by money order or bank certified check)
- Complete Part 1 of this form and sign

FOR VETERINARIANS:

- Veterinarians must be participating in the program.
- Applications must be Pre-Approved by Program Coordinator above.
- Complete Part 2 of this form and sign
- Return 1 copy with monthly invoice.
- Give 1 copy to the client after surgery
- Keep 1 copy for your records

Authorized under TITLE 3, CHAPTER 82, SUBCHAPTER II. Any falsification of information shall be subject to an administrative fine of up to \$250

PART 1 – CLIENT/PET INFORMATION

*NAME OF PET OWNER (LAST, FIRST, M.I.) _____

*HOME TELEPHONE NUMBER _____

*CELL PHONE NUMBER _____

*ALTERNATE NUMBER _____

*MAILING ADDRESS _____

*CITY & STATE _____

*ZIP CODE _____

TYPE OF PET: _____ FEMALE DOG _____ MALE DOG _____ FEMALE CAT _____ MALE CAT

NAME OF PET (ONE PET PER APPLICATION) _____ BREED/COLOR/UNIQUE TRAITS: _____ AGE OF PET: _____

WHERE DID YOU OBTAIN THIS ANIMAL? _____

☐ Pet Store

☐ Friend /Family

☐ Stray

☐ Shelter/Rescue (Name of Organization) _____

☐ Other – (Describe) _____

As the owner of a cat or dog participating in the Delaware Department of Agriculture's Spay/Neuter Program, I understand that my pet will be receiving care from a Delaware licensed Veterinarian. I understand that some veterinary practices may require additional tests in addition to the procedures mentioned above. It is my responsibility to ask whether the veterinarian requires other vaccines and tests when I call for the initial appointment. I understand that I am responsible to pay for these vaccines or tests. If I reject these tests, I understand the veterinarian may elect not to perform the spay/neuter procedure. I understand that the veterinarian will be instructing me on pre-surgical and post-surgical care and that I need to follow these instructions. I understand there are inherent risks involved in medical procedures and surgery.

I hereby consent to the rabies immunization, if required, and neutering of the pet described above.

I agree to pick up my animal at the agreed upon time. If I have not picked up my pet within 24 hours of that time, my pet will be transferred to Animal Control.

I agree to update the Spay/Neuter Program Coordinator if my contact information changes. I agree to provide feedback on my experience with the Program to the Coordinator in a timely manner. I agree to notify the Spay/Neuter Program Coordinator if I decide not to follow through with the spay/neuter surgery.

This agreement expires 3 months from the date of approval and my co-payment will not be returned unless approval is given by the Spay/Neuter program.

SIGNATURE OF PET OWNER: _____

DATE: _____

PART 2 – VETERINARIAN INFORMATION, TO BE COMPLETED BY HOSPITAL PERFORMING PROCEDURE

Hospital/Clinic Name: _____ Phone No. _____

RABIES VACCINE, DATE GIVEN _____ DATE STERILIZED _____

I HEREBY ATTEST THAT STERILIZATION AND RABIES VACCINATION OF THE ABOVE ANIMAL WAS PERFORMED AS RECORDED

Signature of **Veterinarian** performing surgery (must be participating in the Spay/Neuter Program) _____ DE License Number: _____ Date _____

Patient Name _____ Age: _____ Sex _____ Breed _____ Weight _____ Microchip, tattoo or other ID _____

DELAWARE SPAY/NEUTER PROGRAM

PARTICIPATING FACILITIES

Please contact the facility that is most convenient for you and schedule your appointment once you receive approved application back. **Procedure must be completed within 3 months of approval date.** If you have any questions, please contact the Spay/Neuter Program Coordinator at 302-698-4567.

New Castle County

Animal Haven Veterinary Center 757 Pulaski Highway, Suite 6 Bear, DE 19701 (302) 326-1400	Centreville Veterinary Hospital 5804 Kennett Pike Wilmington, DE 19807 (302) 655-3315	Circle Veterinary Clinic 1212 E. Newport Pike Wilmington, De 19804 (302) 652-6587 <i>*Limited to current patients only*</i>
Delaware SPCA 455 Stanton-Christiana Road Newark, DE 19713 (302) 998-2281	Delaware Humane Association (DHA) 701 A Street Wilmington, DE 19801 (302) 571-0111	Faithful Friends, Inc. 12 Germay Drive Wilmington, DE 19804 (302) 427-8514
Lindsey's Well Pet Mobile Vet, LLC New Castle, DE 19720 Email - wellpetmv@gmail.com Website – wellpetmv.com (302) 559-1740	Red Lion Veterinary Hospital 1047 Red Lion Road New Castle, DE 19720 (302) 834-2250 <i>*Limited to current patients only*</i>	VCA Kirkwood Animal Hospital 1501 Kirkwood Highway Newark, DE 19711 (302) 737-1098 <i>*Limited to current patients only*</i>
Windcrest Animal Hospital 3705 Lancaster Pike Wilmington, DE 19802 (302) 998-2995		

Kent County

All Pets Medical Center 10 Artisan Drive Smyrna, DE 19977 (302) 653-2300	Forrest Avenue Animal Hospital 3156 Forrest Avenue Dover, DE 19904 (302) 736-3000	Kent County SPCA 32 Shelter Drive Camden, DE 19934 (302) 698-3006 or (888) 352-7722
Dr. Kimberly Rife Independent Mobile Veterinarian (302) 943-2685		

DELAWARE SPAY/NEUTER PROGRAM
PARTICIPATING FACILITIES

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Sussex County

Crossroads Veterinary Clinic / Selbyville Animal Hospital 36774 DuPont Boulevard Selbyville, DE 19975 (302) 436-5984	Delaware SPCA 22918 Dupont Boulevard Georgetown, DE 19947 (302) 856-6361	Eastern Shore Veterinary Hospital 32384 Sussex Highway Laurel, DE 19956 (302) 875-5941
Dr. Theresa Kothstein 19282 Beach Hwy. Ellendale, DE 19941 (302) 841-3081	Ocean View Animal Hospital 118 Atlantic Ave. Ocean View, DE 19970 (302) 539-2273	Pet Medical Center P.O. Box 364 Delmar, DE 19940 (302) 846-2869
Seaford Animal Hospital 22661 Atlanta Road Seaford, DE 19973 (302) 629-9576	Sussex Mobile Spay Neuter Clinic Jaine Weise DVM Web Site – www.spayvan.com Email – doc@spayvan.com 23175 Bridgeway West Lewes, DE 19958 (302) 231-8115	